ASA NEWS
ASSOCIATION OF SURGICAL ASSISTANTS
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LCC-ST KEEPS ELIGIBILITY CFA PATHWAYS

Due to the smaller than expected number of surgical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Liaison Council on Certification for the Surgical Technologist (LCC-ST) Board of Directors voted in April 2006 to keep the eligibility pathways for the Certified First Assistant (CFA) examination at the current status until a sufficient number of accredited programs is achieved. There will be no change in eligibility as of 1/1/2007 as noted earlier on the LCC-ST website. Candidates for the CFA exam will have one of two options to be eligible to test:

Option 1: Must be a current CST with at least 350 cases and two full years of First Assistant experience during the last four years. Besides a completed CFA exam application form, a copy of current CST certification card showing currency and two NOTARIZED Experience Verification Forms from two surgeons or surgical supervisors for the same time period is required as documentation.

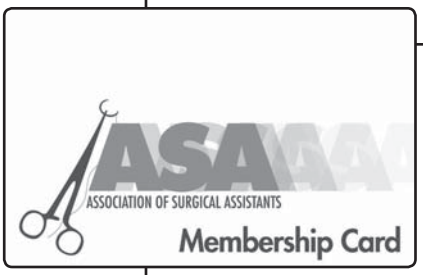
Option 2: Must be a graduate from a CAAHEP-accredited surgical assistant program. Besides a completed CFA exam application form, a copy of transcripts showing graduation date from the CAAHEP-accredited surgical assistant program is needed for documentation.Call LCC-ST at 800-707-0057 or visit lcc-st.org for an application or more information.

NEW SCHOLARSHIP FUNDS TO UNDERWRITE STUDENTS IN CAAHEP-ACCREDITED SURGICAL ASSISTING PROGRAMS

During the annual Board meeting, the AST Board of Directors has demonstrated its commitment to the growth of the surgical assisting practice by donating funds to the Foundation for Surgical Technology with a specific request that a portion be earmarked to assist qualified students enrolled in CAAHEP-accredited surgical assisting programs.

The Foundation for Surgical Technology committee is currently developing the procedures and criteria related to the selection process.

An application form will be posted on the AST web site by August 1.



ASA MEMBERSHIP CARDS REISSUED

All members of the Association of Surgical Assistants will be mailed membership cards in May. If you have been receiving the *ASA Newsletter,* then a card is being sent out. If you have not been receiving the newsletters, please visit www.surgicalassistant.org for information about this important specialty section.

AST members can elect to participate as an ASA member at no charge. Nonmembers may join the Association of Surgical Assistants by simply calling 800-637-7433 and selecting option "3." You will be connected with an AST representative who will sign you up as an AST member or who can register you as a member of ASA, which is a free benefit to AST members.

MINIMIZING CATHETER-RELATED INFECTIONS

The quantity of bacteria varies according to gender and age. Typically, men have more bacteria than women. Older adults show greater numbers of bacteria due to the decrease in sweating and the decline of the sebaceous glands. Consequently, in older adults, water content increases and yeast has a more hospitable environment.

Skin is defined by three general types—dry, wet and oily. Dry skin is located on the extremities and is characterized by the smallest number of bacteria. Oily skin is found on the forehead, neck and upper chest. Oily skin creates an environment where greater numbers of bacteria reside. The highest numbers of flora are located in the regions of the groin or axilla.

For the surgical patient, the presence of bacteria presents a serious concern. Even after thorough skin preparation procedures have been performed on a surgical patient, nearly 20% of the bacteria may remain on the skin.

For example, when a catheter is inserted and passes through the patient's skin during venipuncture, the associated pathogens can be transferred from the skin to the surface of the catheter, possibly coating the exterior of the catheter, creating a biofilm.

Besides catheter transfer, venipuncture sites are also gateways for bacteria to enter the blood and cause infections that will more frequently occur in wet or oily skin regions.

Biofilms are associated with a wide range of nosocomial infections, including not only the surfaces of catheters but also medical implants, wound dressings and other medical devices. Infections within the bloodstream are found when the biofilm detaches from the catheter and floats freely into the blood or is moved around by the blood flow.

Biofilms are very resistant to antibiotics, which are unable to work through the deep layers of the biofilms. Very large, prolonged doses of antibiotics are frequently required to eliminate biofilm catheter-related infections.

Biofilm infections cause or are related to a wide variety of diseases including otitis media, bacterial endocarditis, cystic fibrosis and Legionnaire's disease among others.

PREVENTING THE GROWTH OF BIOFILM

To minimize the risk to the surgical patient during catheter insertion, the operating room team must practice proper hand hygiene and sterile technique, including sterile gloves, cap, gown, mask and large sheet drapes. In some instances, catheters with anti-microbial coatings may be appropriate. The most common agent recommended for skin antisepsis is a 2% chlorhexidine-based remedy because it binds with skin cells. The repeated use of chlorhexidine increases its effectiveness in protecting against bacteria.

Each time the catheter is moved presents an opportunity for microorganisms to be introduced. Even a surgical assistant's skin may provide a source for the introduction of bacteria. Recommendations include minimizing the number of times the catheter hub is handled. Hub services and injection ports should be thoroughly cleaned prior to use. Strict observance to hand hygiene is necessary.

These basic precautions will help ensure that each patient is at minimum risk of exposure from catheter-related infections.

More information about biofilm is available at: www.biofilm.org.

CHALLENGES TO CONNECTICUT SURGICAL ASSISTANTS

Over the course of the last few months, ASA has become aware that the practice of surgical assisting by nonphysicians in the state of Connecticut is experiencing significant challenges by hospital legal departments.

Many surgical assistants in the state have, as a result, found themselves faced with a return to jobs in the scrub role at reduced pay, or have found themselves unemployed.

At the heart of the matter is interpretation of medical practice law in the state, the provisions of which seem to be unclear at this time. There is currently no existing law in Connecticut that states that Certified First Assistants and other nonphysician surgical assistants may not practice in the state. At the same time, there are no laws on the books in Connecticut that say that they can (as is the case in approximately 45 other states).

It is the position of ASA that surgical assistants practicing in Connecticut function under the broad delegatory authority of the operative physician, as defined by the American College of Surgeons, and within state law.

In their interpretation of the law, hospital attorneys have interpreted the law as stating that any unlicensed person is expressly forbidden from practicing as a surgical assistant even under the direct supervision of a surgeon.

The two arguments essentially are that either an individual can practice because the law doesn't say that they can't, or an individual can't practice because the law does not say that they can. It's an age-old debate that reaches much farther than our own profession.

In this type of situation, the best solution is either the passage of legislation expressly allowing surgical assistants to practice, or in the absence of such legislation, a statement from the appropriate regulatory agency.

ASA is currently actively working with the Connecticut Hospital Association and with the Connecticut Department of Health to seek a resolution to the situation favorable to surgical assistants in that state.

NEW SURGICAL ASSISTING PROGRAM LAUNCHED

Vincennes University Undergoing CAAHEP accreditation

The newest surgical assisting program is located at Vincennes, University, Vincennes, Indiana. Chris Keegan, CST, MA, is currently serving as professor and chair of the surgical technology program and the new surgical assisting program.

Keegan has been teaching at the institution for 15 years and was employed formerly as a private scrub for a group of otolaryngology, head and neck, and facial plastic surgeons for 14 years. Her responsibilities included assisting on patient rounds, scheduling, evaluation, surgery, preoperative assessment, and postoperative followup.

Presently, she works prn in operating rooms where she can scrub her specialty and scrub with her students.

The surgical assisting program was developed in order to assist this specialty of the profession to grow. Because Indiana has been employing surgical technologists as surgical assistants for some time, Keegan believes that the need for surgical assistants will continue. "I believe a college education in this area will help our credibility with our peers in the O.R. It is time for these professionals to receive the monies and recognition they deserve for the job they perform."

The surgical assisting program at Vincennes University began with five students. Presently, half of the program's courses are available online, and the other half are taught on campus. The faculty is planning that the entire program will be taught online within the next year and anticipates an increase in enrollment. Eventually, 25-35 students are predicted to be enrolled annually when the program is available through distance education.

Vincennes University is considered a leader in surgical technology education. Previously, when the need arose, the facility provided an alternate delivery option to assist working practitioners graduate from a CAAHEP-accredited program and this resource is also now available online so surgical technologists can obtain their degree via distance education.

Chris Keegan is a co-author of the second edition of *Pharmacology for the Surgical Technologist* and author of *How to Implement a Surgical Technology Program,* a free text distributed by Elsevier to assist schools in beginning a program. She is also serving as vice president of the Liaison Council on Certification for the Surgical Technologist (LCC-ST).

AST
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CAAHEP-ACCREDITED SURGICAL ASSISTING EDUCATION PROGRAMS

Eastern Virginia Medical School
Norfolk, Virginia
Program: 22 months
www.evms.edu

Madisonville Community College
Madisonville, Kentucky
www.madcc.kctcs.edu
Program: two semesters

Meridian Institute of Surgical Assisting
Joelton, Tennessee
meridianinst@aol.com
Program: 12 months

Nashville State Technical Community College
Nashville, Tennessee
www.nscc.edu
Program: 12 months

South Plains College
Lubbock, Texas
www.southplainscollege.edu
Program: 12 months

Vincennes University
Vincennes, Indiana
www.vinu.edu
Program: nine months
(in process)

William Beaumont Hospital
Royal Oak, Michigan
www.beaumonthospitals.com
Program: 21 credit hours